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CONFIRMATION NO. 4693

<b>SERIAL NUMBER</b> 10/726,910	<b>FILING OR 371(c) DATE</b> 12/04/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Andrew W. Holman, West Hills, CA; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 03/03/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>Paul Smith</i> <i>PBS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 29
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> Matthew F. Jodziewicz, Esq. 3447 Mandeville Canyon Road Los Angeles, CA90049				
<b>TITLE</b> Nasal-nasopharyngeal irrigating and cleansing system				
<b>FILING FEE RECEIVED</b> 466	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	